



# Commonwealth of Massachusetts Board of Registration in Medicine



**2017 Annual Report**

## Mission Statement

The Board of Registration in Medicine's mission is to ensure that only qualified and competent physicians of good moral character are licensed to practice in the Commonwealth of Massachusetts and that those physicians and health care institutions in which they practice provide to their patients a high standard of care, and support an environment that maximizes the high quality of health care in Massachusetts.

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# Governor's Letter



**CHARLES D. BAKER**  
Governor

**KARYN E. POLITO**  
Lieutenant Governor

**MARYLOU SUDDERS**  
Secretary  
Health and Human Services

**MONICA BHAREL, MD, MPH**  
Commissioner  
Department of Public Health

## Commonwealth of Massachusetts Board of Registration in Medicine

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**CANDACE LAPIDUS SLOANE, MD**  
Chair, Physician Member

**ROBIN S. RICHMAN, MD**  
Physician Member

**GEORGE ABRAHAM, MD**  
Physician Member

**WOODY GIESSMANN, LADC-I, CADC, CIP, CAI**  
Public Member

**JULIAN N. ROBINSON, MD**  
Physician Member

**MICHAEL D. MEDLOCK, MD**  
Physician Member

**PAUL G. GITLIN, ESQ**  
Public Member

**GEORGE ZACHOS**  
Executive Director

His Excellency Charles D. Baker  
Governor of the Commonwealth  
and the Honorable Members of the General Court

Dear Governor Baker and Members of the General Court:

On behalf of the Board of Registration in Medicine, we are pleased to announce the submission and availability of the Board's Annual Report for 2017. The full report can be found on the Board's website at [www.mass.gov/massmedboard](http://www.mass.gov/massmedboard).

The Board's work in 2017 continued to reflect our mission "to ensure that only qualified physicians are licensed to practice in the Commonwealth, to ensure that those physicians and health care institutions in which they practice provide to their patients a high standard of care, and to support an environment that maximizes the high quality of health care in Massachusetts." In furtherance of the Board's mission, the Board met twenty-two (22) times in 2017, and accomplished the following:

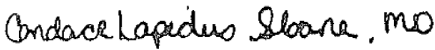
- The Board examined its continuing medical education requirements (CME) and found that Massachusetts had among the highest number of CME requirements in the country. Many physicians informed the Board that the ever-increasing amount of mandatory continuing medical education requirements is burdensome and directly contributes to their burnout levels, and that Point of Care Learning is a better way to improve patient safety. To alleviate this burden, in 2017 the Board implemented a Pilot Program, reducing the number of CME requirements for one two-year period from 100 hours to 50 hours. The Board also eliminated the need for physicians to maintain a log of CME hours taken outside of courses required by statute.
- The Board Members approved 1,732 new full licenses, approved 1,797 new limited licenses for medical school graduates accepted into training programs in Massachusetts, and renewed limited licenses for 3,084 residents and fellows already in training in Massachusetts. The Board subcommittee on Licensing held 30 meetings in 2017. As a result, by the end of 2017, Massachusetts had a total of 36,265 fully licensed physicians, 4,881 trainees with limited licensees, and 1,105

acupuncturists licensed to provide care to Massachusetts residents and patients who come to Massachusetts from around the world seeking quality care.

- With the implementation of the online complaint system, BORIM achieved a goal of making its consumer protection unit that much more accessible to members of the public. Consumers are now able to communicate their concerns to the Board in a more timely and efficient manner. Additionally, with the online complaint system being synced with information from the Physician Profile pages, consumers are better able to ensure the accuracy of the information being provided. The Board also continued its commitment to excellent customer service by restructuring the call center to ensure substantive responses are provided to physicians at the point of contact.
- In meeting its mission to ensure that only qualified and competent physicians of good moral character are licensed to practice in the Commonwealth, the Board Members took disciplinary action against the licenses of fifty-four (54) physicians. The Board subcommittee on Enforcement held 28 meetings and reviewed 616 cases.
- The Board is undertaking a number of wide-ranging enhancement initiatives, which include: the Quality and Patient Safety Division will increase educational opportunities to Health Care Facilities via on-site programs, newsletters, advisories, healthcare facility reports and off site visits; the Board will move forward with its commitment to establish on-line licensing for initial full and initial limited applications which will streamline the processing of licensing applications and eliminate processing delays; and the Board will continue its commitment to address physician burnout and promote physician wellness.

The complete Annual Report includes a statistical tabulation of the Board's work during 2017, including licensee demographics, the number and types of disciplinary actions taken, investigation statistics, and the number and type of statutorily mandated reports received. Behind these numbers is the real work of the dedicated staff and Board Members committed to patient safety, transparency, fairness, due process, customer service and the continuous improvement of the health care system in the Commonwealth.

Sincerely,

  
Candace Lapidus Sloane, MD.  
Chair

  
George Abraham, M.D.  
Vice Chair



# The Board

The Board of Registration in Medicine consists of seven members who are appointed by the Governor to three-year terms. There are two public members and five physician members. A member may serve only two full consecutive terms. Members sometimes serve beyond the end of their terms before a replacement is appointed. Members may serve on one or more of the Board's committees.

The Board of Registration in Medicine also has jurisdiction over the licensure and discipline of acupuncturists through its Committee on Acupuncture. The members of the Committee include four licensed acupuncturists, one public member, one physician member actively involved with acupuncture and one physician member of the Board designated by the Chair of the Board. The Board appoints the Committee members to terms of three years.

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## Members of the Board 2017

Candace Lapidus Sloane, M.D., Chair, Physician Member  
Kathleen Sullivan Meyer, Vice Chair, Public Member  
Michael E. Henry, M.D., Secretary, Physician Member  
Joseph Carrozza, M.D., Physician Member  
George Abraham, M.D., Physician Member  
Robin Richman, M.D., Physician Member  
Woody Giessmann, LADC-1, CADC, CIP, CAI, Public Member

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Michael E. Henry, M.D., Physician Member and  
Member of the Board  
Weidong Lu, MB, MPH, PhD, Lic. Ac., Chairman  
Nancy E. Lipman, Lic. Ac., M. Ac., Vice Chair  
Joseph F. Audette, M.D., Secretary  
Wei Zhang, Lic. Ac.  
Amy M. Soisson, JD, Public Member

## Members of the Committee on Acupuncture 2017

## **Committees of the Board**

### **Complaint Committee**

The Complaint Committee is comprised of two Board members who meet on a monthly or semi-monthly basis to review the evidence gathered by the Enforcement Division in all investigations. If the Complaint Committee determines disciplinary action is appropriate, it makes recommendations to the full Board regarding the type of sanction that should be imposed. When the evidence is insufficient to support disciplinary action, the Complaint Committee has the authority to close the investigation.

### **Licensing Committee**

The Licensing Committee is comprised of two Board members who meet on a monthly or semi-monthly basis. The primary role of the Licensing Committee is to ensure that every physician applying for licensure in the Commonwealth is qualified by education and training and is in compliance with the Board's licensing regulations. As a committee of the Board, the Licensing Committee is responsible for reviewing license applications with legal issues, competency issues, malpractice or medical issues, waiver requests and other issues requiring Board approval. In some instances, the Licensing Committee may request an interview with an applicant prior to making a recommendation to the Board. The recommendations of the Licensing Committee are then forwarded to the full Board for its review. The Board in its discretion may accept, reject, or amend any Licensing Committee recommendation.

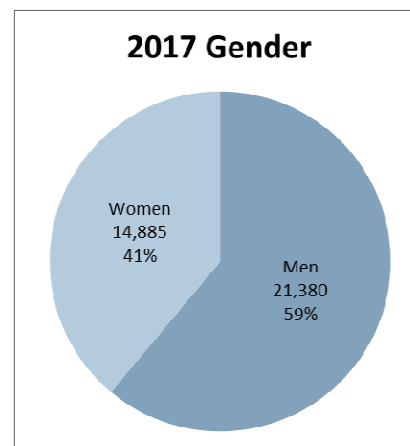
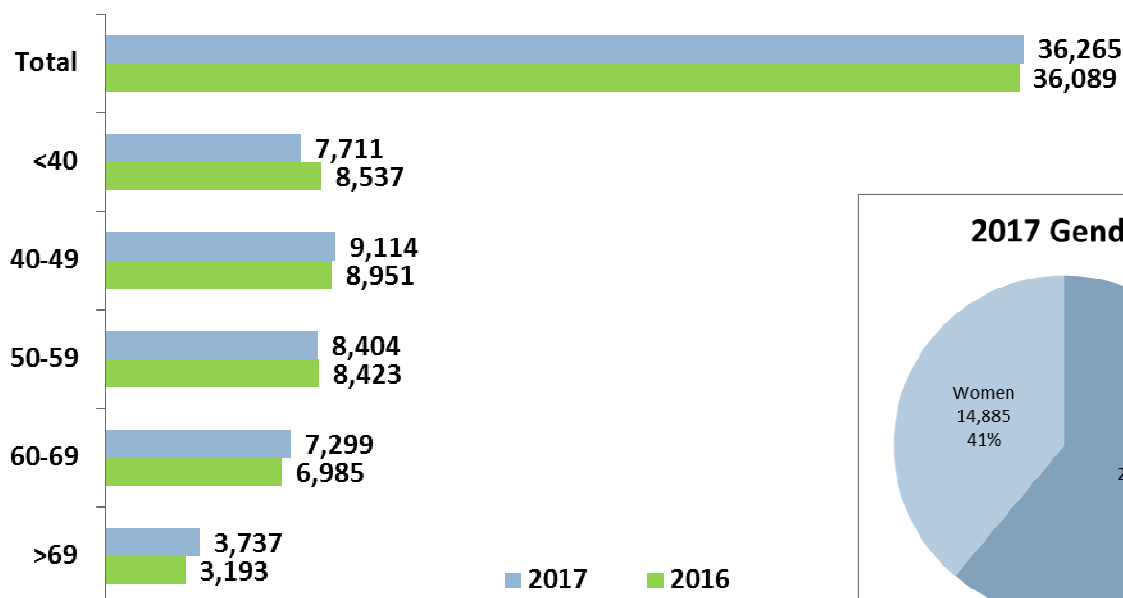
### **Quality and Patient Safety Committee**

The Quality and Patient Safety (QPS) Committee membership is comprised of one Board member and a multidisciplinary group of providers. It includes members from the Boards of Nursing and Pharmacy, as well as a patient representative. Members of the QPS Committee work with hospitals and other health care facilities to improve quality and patient safety processes and ensure that physicians who practice within a facility are active participants in these programs. The Committee is committed to preventing patient harm through the strengthening of medical quality assurance programs in all institutions. The members provide the expertise that allows responsive feedback and thorough consideration of the issues brought before the QPS Committee.

# Licensing Division

The Licensing Division operates under the supervision of the Director of Licensing. The Licensing Division is the point of entry for physicians applying for a license to practice medicine in the Commonwealth and has an important role in protecting the public. The Division conducts an in-depth review of a physician's credentials to validate the applicant's education, training, experience, and competency. If there is no negative information in the applicant's background, the physician's name is presented to the Board for licensure to practice medicine in the Commonwealth. If there is negative information in the applicant's background, the information is presented to Licensing Committee.

## Physician Full Licenses By Age Comparison - 2016-2017

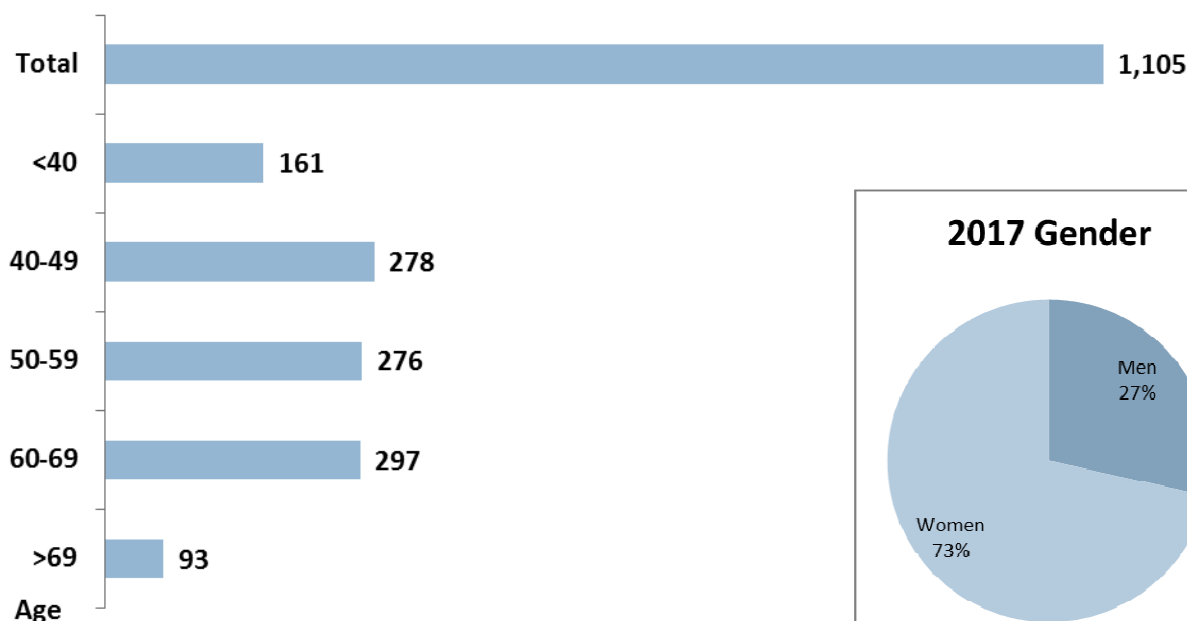


Medical Licenses Issued in 2017					
	2017	2016	2015	2014	2013
Initial Full Licenses	1,732	1,931	1,846	1,967	1,977
Full Renewals	20,901	14,116	20,471	13,586	20,587
Lapsed Licenses Revived	237	188	194	169	231
Initial Limited Licenses	1,797	1,768	1,740	1,719	1,707
Limited Renewals	3,084	3,364	3,271	3,246	3,253
Temporary (Initial) Licenses	17	3	9	4	7
Temporary Renewals	19	11	15	15	2
Lapsed	237	188	1,070	1,079	1,570

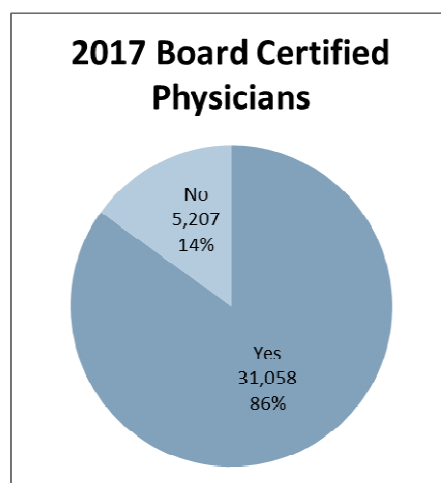
Note: A large majority of physicians renew their licenses in odd-numbered years.



## 2017 Licensed Acupuncturist Demographics



Acupuncture Licenses—2017					
	2017	2016	2015	2014	2013
Active Acupuncturists	1,105	1,083	1,083	1,056	1,051
Initial Licenses Issued	47	45	52	48	50
Renewals	483	563	452	547	437
Full Inactive Licenses	24	25	26	28	113
Lapsed Licenses	6	1	8	15	9
Temporary (initial) Licenses	2	2	0	0	2



# Enforcement Division

The Enforcement Division operates under the supervision of the Director of Enforcement. The Division is mandated by statute to investigate complaints involving physicians and acupuncturists, and to litigate adjudicatory matters. Complaints come from various sources (e.g. consumers of healthcare and their advocates; law enforcement agencies; health care facilities; health care professionals). Complaints with discipline potential are investigated by teams comprised of a complaint counsel, an investigator and/or a nurse investigator. The investigations are thorough and sometimes lead to the discovery of additional matters of concern about the licensee's practice.

Investigations					
	2017	2016	2015	2014	2013
<b>Physicians</b>					
New complaint investigations opened during the year	430	444	381	454	481
<i>Source of Complaints:</i>					
Patients	176	182	142	208	247
Relatives of patients	76	74	71	194	120
Statutory report	120	147	95	56	58
Other	58	41	168	96	56
No. of physicians who agreed not to practice medicine during investigation	12	18	21	18	10
Investigations closed during the year	385	308	424	346	451
Pending investigations as of 12/31	476	523	389	490	329
<b>Acupuncturists</b>					
New complaint investigations opened during the year	0	1	2	0	1
Investigations closed during the year	0	2	2	3	4
Pending investigations as of 12/31	0	0	0	1	1

Other sources include physicians who self-report; law enforcement; attorneys representing patients.

Disciplinary Actions					
	2017	2016	2015	2014	2013
Number of medical licenses disciplined	54	50	42	54	42
<b>Resignation</b>	<b>24</b>	<b>24</b>	<b>5</b>	<b>23</b>	<b>19</b>
Revocation	8	2	7	9	11
Summary Suspension	4	8	4	5	2
Indefinite Suspension and Probation	6	4	10	7	12
Practice Restrictions	2	0	1	0	1
Reprimand	4	10	10	8	11
Censure	0	0	0	0	0
Admonishment	2	3	2	3	1
Fine	0	6	5	4	1
<i>Total amount (\$) imposed per year</i>	\$0	\$15,500	\$20,000	\$22,500	\$2,500
Continuing Professional Development	4	0	1	5	2
Community Service	0	1	0	0	0

The total number of disciplinary actions taken by the Board will not always equal the total number of licenses disciplined because multiple actions can be taken against a single license.

Summary Suspensions are interim actions taken on an emergent basis when there is evidence that the physician is an immediate threat, or may pose a serious threat, to the public's health, safety and welfare.

Disciplinary Hearings					
	2017	2016	2015	2014	2013
Statements of Allegations (SOAs) referred to the Division of Administrative Law Appeals (DALA) for a hearing	20	16	16	18	29
SOAs at DALA awaiting a hearing, as of 12/31	36	31	31	29	22
Recommended Decisions issued by DALA	13	18	15	9	11

An SOA is an Order for a physician to Show Cause why his or her license should not be disciplined. An SOA may encompass more than one complaint against the physician.

DALA is an independent agency within the Executive Office of Administration and Finance, which was established by the legislature to provide a neutral forum for holding adjudicatory hearings in any case in which a party has a right to such a hearing before an administrative agency may make a final decision or take a final action." See The Executive Office for Administration and Finance 2013-2015 Strategic Plan, p. 15.

DALA is responsible for issuing findings of facts and conclusions of law; the Board is responsible for determining and imposing the sanction.

# Division of Law and Policy

The Division of Law and Policy operates under the supervision of the General Counsel. Attorneys for the Division of Law and Policy research legal issues, provide legal analysis, and advise the Board in making legal determinations. The Board's Data Repository Unit (DRU) and Physician Health and Compliance Unit (PHC) are within the Division of Law and Policy. DRU staff is responsible for evaluating statutory reports, overseeing the accuracy of Physician Profiles, and reporting Board actions to the health care databanks; PHC is responsible for monitoring licensees who are on probation as the result of disciplinary action. Division of Law and Policy staff work cooperatively with other Divisions of the Board on issues related to licensure, physician health, policy, statutory reports and public information.

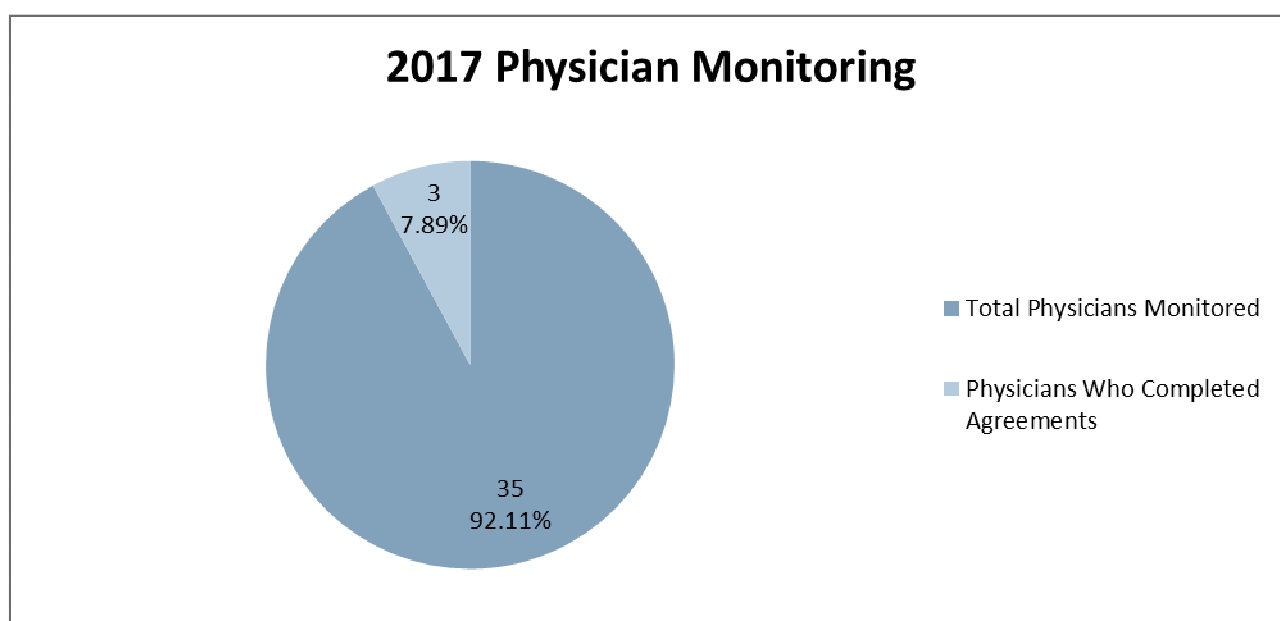
Mandated Reports Received by the Data Repository Unit					
Source of Report	2017	2016	2015	2014	2013
Court Reports – malpractice	364	412	511	588	675
Court Reports – criminal	0	0	4	2	1
Malpractice Closed Claim Reports	660	632	840	717	827
Initial Disciplinary Action Reports	42	49	38	40	49
Subsequent Disciplinary Action Reports	11	17	13	13	48
Annual Disciplinary Action Reports	33	31	29	27	67
Professional Society Disciplinary Actions	24	15	15	24	26
5d (government agency) Reports	17	5	24	15	15
5f (peer) Reports	60	32	28	43	33
Self Reports (not renewal)	21	8	1	1	7

In 2011 the Board changed the way disciplinary actions by multi-facility health care organizations are reported to the Board. A single report may now contain multiple incidents from different facilities under the same corporate umbrella. The receipt of Annual Disciplinary Action Summaries is ongoing.

Licensees Being Monitored by the Board					
Reason for Monitoring	2017	2016	2015	2014	2013
Behavioral Health	2	1	1	1	2
Mental Health	0	0	0	2	4
Substance Use	24	22	19	17	20
Clinical Competence	6	5	4	7	6
Boundary Violations	2	2	2	6	11
Behavioral/Mental Health	1	0	0	0	1
Misconduct	0	0	5	8	8

In recent years, the Physician Health and Compliance Unit has worked to refine the categories into which physicians who are being monitored are placed. Some physicians fall within more than one category.

In 2012, the Board discontinued the use of Letters of Agreement (confidential, non-disciplinary agreements). Therefore, the current numbers do not include Letters of Agreement whereas the prior years' numbers include Letter of Agreements. In addition, these numbers no longer include physicians who are not being actively supervised because they no longer have active licenses in Massachusetts. This accounting change has been made to better reflect the number of physicians actively monitored by the Physician Health and Compliance Unit.



# Quality and Patient Safety Division

The QPS Division works under the supervision of the Director of QPS. The QPS Division works with health care facilities to assure that patient safety programs are effective and comprehensive; health care facilities conduct full and competent medical reviews of patient safety incidents; and health care facilities have strong systems for identifying, reporting and remediating patient safety incidents. Reports to the QPS Division are confidential and protected by Massachusetts law from public disclosure in the same way that records of health care facility peer review committees are protected. Confidentiality protections are an important way to foster open and honest discussion of cases by those involved at the facility and to promote better and more candid reporting to the QPS Division.

Reports Received by the Quality and Patient Safety Division					
Type of Report	2017	2016	2015	2014	2013
Maternal Death (Type I)	4	3	2	5	0
Ambulatory Procedure Death (Type 2)	7	6	10	10	12
Wrong-site Procedure (Type 3)	39	45	23	34	24
Unexpected Death/Disability (Type 4)	758	862	776	921	938

Types 1 through 4, as defined in PCA Regulations 243 CMR 3.08

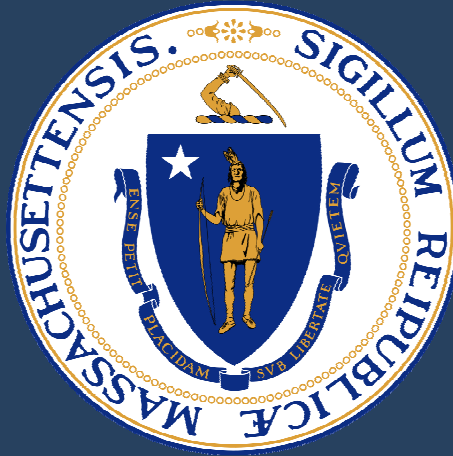
# Executive and Operations Divisions

The Executive Director of the agency reports to the Board and, under their direction, is responsible for the administration of the Agency and oversight of staff including management, personnel, regulatory and organizational functions. The Executive Director supervises the senior leadership team who, in turn, manage the various divisions of the Agency. A primary responsibility of the Executive Director is to support and assist the Board in all matters pertaining to its mission.

The Operations Division is supervised by the Director of Operations, who is responsible for budget, human resources, procurement, expenditure tracking and facilities. The Director also manages the Call Center, Document Imaging Unit, Mailroom, and Reception. Staff in the Call Center answer questions, assist callers with obtaining forms or other documents, provide copies of requested Profiles documents, and handle all licensing status calls. The Document Imaging Unit scans agency documents into an electronic database, which has allowed staff to access the agency's documents from their desktops.

A new initiative in last four months of 2017, the Call Center resolved 1131 Licensing calls





## **Board of Registration in Medicine**

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